



COST SHARE SCHEDULE

ESSENTIAL GOLD 1500 LIMITED
EFFECTIVE Plan Year 2019

Members of Federally Recognized Tribes who receive services from Participating Indian Health Service Providers will not have to pay In-Network Deductible, Co-payments or Co-insurance. Such services will be provided at zero cost sharing for these Members. The following Member Cost Sharing will apply to Covered Services received from Providers who are not Participating Indian Health Service Providers.

MEMBER COST SHARE

Medical Deductibles	In-Network Benefits: \$1,500 Individual; \$4,500 Family** Out-of-Network Benefits: \$5,000 Individual; \$10,000 Family**
In-Network Providers	Co-payments vary and are listed below. 20% Co-insurance on other benefits (unless otherwise noted below)
Out-of-Network Providers <i>(excluding Emergency Medical Services and Dental Services)</i>	50% Co-insurance of the Vantage Allowable after the Deductible, unless otherwise noted. (No Out-of-Network coverage for Prescription Drugs, Private Duty Nursing, Transplants, Home Health and Hospice)
Out-of-Pocket Maximums <i>(Medical and Prescription Drugs are combined.)</i>	In-Network Benefits: \$4,000 Individual; \$8,000 Family** Out-of-Network Benefits: No Out-of-Pocket Maximum

AFFINITY HEALTH NETWORK (AHN)

This Plan includes a preferred provider network, Affinity Health Network (AHN), which has lower cost share for certain covered services as indicated by "AHN" below.

IN-NETWORK PROVIDERS

In-Network Covered Services:	In-Network Cost Share:
Physician Office Services	
Medical Home Primary Care Provider (AHN)	\$20 AHN MH-PCP office visit Co-payment*
Medical Home Primary Care Provider	\$30 MH-PCP office visit Co-payment*
Chiropractor	\$30 chiropractor office visit Co-payment*
OB/GYN	\$30 office visit Co-payment*
Specialty Care (AHN)	20% Co-insurance up to the Out-of-Pocket Maximum
Specialty Care	20% Co-insurance up to the Out-of-Pocket Maximum
Office Diagnostic Services – Lab <i>(May be subject to Deductible)</i>	100% Coverage
Office Diagnostic Services – X-rays, other services	20% Co-insurance up to the Out-of-Pocket Maximum
Major Diagnostic Testing	20% Co-insurance up to the Out-of-Pocket Maximum
Maternity-Related Services	
Office Visit (AHN)	\$20 AHN Co-payment (initial visit only)*
Office Visit	\$30 Co-payment (initial visit only)*
Office Diagnostic Services – Lab <i>(May be subject to Deductible)</i>	100% Coverage
Office Diagnostic Services X-rays, other services	20% Co-insurance up to the Out-of-Pocket Maximum
Major Diagnostic Testing	20% Co-insurance up to the Out-of-Pocket Maximum
Ultrasounds	20% Co-insurance up to the Out-of-Pocket Maximum

***Not subject to Deductible.**

****A single family member has met his or her deductible or in-network maximum amount(s) by reaching the individual deductible or in-network maximum amount(s). Other family members' payments for in-network covered services combine to meet the remainder of the family deductible or in-network maximum amount(s).**

This Cost Share Schedule does not include all available benefits. Please refer to your Certificate of Coverage for a complete listing of covered services, cost share amounts, exclusions and limitations. Search for current providers at www.VantageHealthPlan.com or call Member Services at (844) 833-7505.



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In-Network Covered Services (continued):	In-Network Cost Share:
Wellness & Preventive Care Annual Examination Immunizations & Vaccines Men's Health Women's Health Children's Health	100% Coverage* 100% Coverage* 100% Coverage* 100% Coverage* 100% Coverage*
Inpatient Hospital Services Inpatient Semi-Private Room Physician Services	20% Co-insurance up to the Out-of-Pocket Maximum
Ambulatory Surgery Unit or Outpatient Surgery	20% Co-insurance up to the Out-of-Pocket Maximum
Outpatient Hospital Services Observation Stay Physician Services Major Diagnostic Testing Lab Services (May be subject to Deductible) Other Hospital Outpatient Services	20% Co-insurance up to the Out-of-Pocket Maximum
Emergency Medical Services Emergency Room Ambulance	20% Co-insurance up to the Out-of-Pocket Maximum
Durable Medical Equipment and Supplies (DME)	20% Co-insurance up to the Out-of-Pocket Maximum
After-Hours/Walk-In Clinics (AHN) After-Hours/Walk-In Clinics (Diagnostic services may be subject to Deductible.) Urgent Care Centers	\$20 AHN MH-PCP office visit Co-payment* \$30 MH-PCP office visit Co-payment* 20% Co-insurance up to the Out-of-Pocket Maximum
Extended Care Facilities Long-Term Acute Care Facility Rehabilitation Facility Skilled Nursing Facility	20% Co-insurance up to the Out-of-Pocket Maximum 20% Co-insurance up to the Out-of-Pocket Maximum 20% Co-insurance up to the Out-of-Pocket Maximum

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In-Network Covered Services (continued):	In-Network Cost Share:
Other Covered Services	
Allergenic Testing	20% Co-insurance up to the Out-of-Pocket Maximum
Cardiac Rehabilitation	20% Co-insurance up to the Out-of-Pocket Maximum
Chemotherapy/Radiation Therapy	20% Co-insurance up to the Out-of-Pocket Maximum
Diabetes Management (AHN)	\$20 AHN Co-payment per visit*
Diabetes Management	\$30 Co-payment per visit*
Dialysis	20% Co-insurance up to the Out-of-Pocket Maximum
Home Health Care	20% Co-insurance up to the Out-of-Pocket Maximum
Hospice	20% Co-insurance up to the Out-of-Pocket Maximum
Nutritional Counseling (AHN)	\$20 AHN Co-payment per visit*
Nutritional Counseling	\$30 Co-payment per visit*
Outpatient Habilitative Services	20% Co-insurance up to the Out-of-Pocket Maximum
Outpatient Rehabilitation Services	20% Co-insurance up to the Out-of-Pocket Maximum
Private Duty Nursing	50% Co-insurance up to the Out-of-Pocket Maximum
Vision Services	
Vision Exam	20% Co-insurance up to the Out-of-Pocket Maximum
Glasses and Contacts	50% Co-insurance; \$100 maximum benefit for adults*
Dental Services	
Preventive Dental Exam, Cleaning and X-Rays	100% coverage of the Vantage Allowable*
Additional Dental Services	50% Co-insurance; \$500 maximum benefit for adults*
Mental Health Services	
Outpatient Mental Health Services (AHN)	\$20 AHN MH-PCP office visit Co-payment*
Outpatient Mental Health Services	\$30 MH-PCP office visit Co-payment*
Inpatient Mental Health Services	20% Co-insurance up to the Out-of-Pocket Maximum
Alcohol and Chemical Dependency	
Outpatient Alcohol/Chemical Dependency (AHN)	\$20 AHN MH-PCP office visit Co-payment*
Outpatient Alcohol/Chemical Dependency	\$30 MH-PCP office visit Co-payment*
Inpatient Alcohol/Chemical Dependency	20% Co-insurance up to the Out-of-Pocket Maximum
Approved Transplant Services	20% Co-insurance up to the Out-of-Pocket Maximum

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PRESCRIPTION DRUG MEMBER COST SHARE	
Prescription Drug Deductible	\$500 Individual; \$1,500 Family** (Applies to Tier III, Tier IV and Tier V)
Prescription Drug Out-of-Pocket Maximum	Included in the In-Network Out-of-Pocket Maximum
In-Network Retail Prescription Drugs: <i>(Cost Shares listed below are per Prescription up to a 30-day supply)</i>	
Tier I Prescription Drugs:	
• Affinity Health Network Pharmacies	100% Coverage. Not subject to Prescription Drug Deductible.
• All other Pharmacies	\$10 Co-payment per prescription. Not subject to Prescription Drug Deductible.
Tier II Prescription Drugs:	
\$30 Co-payment per prescription. Not subject to Prescription Drug Deductible.	
Tier III Prescription Drugs:	
20% Co-insurance up to the Out-of-Pocket Maximum. Subject to Prescription Drug Deductible.	
Tier IV Prescription Drugs:	
20% Co-insurance up to the Out-of-Pocket Maximum. Subject to Prescription Drug Deductible.	
Tier V Prescription Drugs:	
50% Co-insurance up to the Out-of-Pocket Maximum. Subject to Prescription Drug Deductible.	
Tier VI Preventive Prescription Drugs:	
100% Coverage. Not subject to Prescription Drug Deductible.	
Mail Order Prescription Drugs: <i>(Not available for Tier V Prescription Drugs)</i>	
Tier I:	
Affinity Health Network – Saint John Pharmacy	100% Coverage for 90-day supply.
All Other Pharmacies	In-Network Retail Prescription Drug Co-payments apply and are listed above.
Tier II:	
All Pharmacies	In-Network Retail Prescription Drug Co-payments apply and are listed above.
Tier III and IV:	
All Pharmacies	20% Co-insurance up to the Out-of-Pocket Maximum.
Tier VI:	
All Pharmacies	100% Coverage for 90-day supply.
Diabetic Supplies and Meters:	
Affinity Health Network Pharmacies	100% Coverage. Not subject to Prescription Drug Deductible.
All Other Pharmacies	In-Network Retail Prescription Drug Cost Share applies and is listed above.

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